



**Group Insurance Benefits**  
**Certification Regarding Spousal Access to Other Employer Coverage**

If a covered employee wishes to cover his or her legal spouse and the spouse is eligible for healthcare benefits through his or her employer plan, then the employee must pay a spousal surcharge. This applies even if the spouse takes his or her employer's coverage and this is in addition to the employee/spouse or family premium rate. This surcharge does not apply to:

- A spouse without an employer
- A spouse whose employer does not offer coverage
- A spouse who works for Botetourt County

To properly administer this provision, we must clarify the status of your spouse in regards to eligibility for another plan. **You must complete and return this form to the Human Resources Department no later than November 30, 2014. If you do not return this form by the deadline, the spousal surcharge will be added to your regular insurance contribution rate.**

**1. Is your spouse currently employed?**

☐ **No. Please sign, date and return to Human Resources.**

If a non-working spouse becomes employed during the plan year, this form must be completed and returned to Human Resources within thirty (30) days of employment.

☐ **Yes. Please complete the remainder of this form.**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**2. Is your spouse eligible for health care benefits at the Company named above?**

☐ **No. The following information must be completed and signed by an authorized Company official and returned to Human Resources.**

\_\_\_\_\_ (Spouse Name) is currently employed but not eligible for health care benefits because:

No Plan: \_\_\_\_\_ Part Time: \_\_\_\_\_ Other: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

**\*\* If spouse becomes eligible for health care benefits with the above employer (or any other employer) during the plan year, he/she must report the change in eligibility within thirty (30) days of become eligible. Failure to report a change in eligibility may result in denial or retroactive termination of benefit coverage, recoupment of benefits improperly paid, and in disciplinary action including, but not limited to, termination of employment.**

☐ **Yes. Employee must pay spousal surcharge in order to continue spousal coverage under this plan.**

I represent that I have provided true and accurate information in this document. I understand that any failure to provide truthful and accurate information or to notify Human Resources of spousal employment as required above may result in denial or retroactive termination of benefit coverage, recoupment of benefits improperly paid, and in disciplinary action including, but not limited to, termination of employment.

**Employee Signature**

**Date Signed**